

GUARDIANSHIP

4

Get a Permanent Appointment for an Adult

Part 4: What to do After the Court Hearing
(Forms Packet)



SELF SERVICE CENTER
FOR APPOINTMENT OF A PERMANENT GUARDIAN
FOR AN ADULT

PART 4: What to do after the Court Hearing
(Forms Only)

How to assemble these documents

This packet contains court forms on getting an appointment of permanent guardian. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGA9ft	Table on forms/instructions in this packet	1
2	PBGA9k	Checklist: What to do after the court hearing	1
3	PBGCG92f	<i>“Annual Report of Guardian”</i>	3
4	PBGCF93f	<i>“Fee Statement (Local Rule 5.7) and Proof of Mailing”</i>	2

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SELF SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN FOR AN ADULT

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed guardian for an adult, or you expect to be.
- ✓ You need to know what to do after you are appointed.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Case No. _____

Name of Person in Charge or Facility: _____

Address: _____

Telephone Number: _____

4. Information about the Ward's Doctor.

Ward's Current Doctor: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

5. Information about the Ward's physical and mental health.

A. Date the Ward was last seen by a doctor: _____

B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

6. Information about the Ward's Guardian.

Guardian's Name: _____

Guardian's Address: _____

Guardian's Telephone Number: _____

7. Information about the Guardianship.

Number of times the Guardian has seen the Ward in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.)

8. Information about the person responsible for managing the Ward's assets:

Name of person responsible for managing Ward's assets: _____

Address: _____

Telephone Number: _____

9. Information about State, County or Federal Agency Services: Does the Ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.

DATED: _____

Print Guardian's Name

Case No. _____

Signature of Guardian

AFFIDAVIT OF MAILING: I promise I mailed this Annual Report of Guardian to the following people at the following address(es) on this date: _____
(Month/Day/Year)

[illegible]

(Signature of Person Mailing Document)

Name of Person Filing Document: _____

Your Address: _____

Your City, State, Zip Code: _____

Your Telephone Number: _____

Attorney's Bar Number (if applicable): _____

Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the (check one or both)

☐ Guardianship and/or ☐ Conservatorship of

Case Number: PB _____

FEE STATEMENT (LOCAL RULE 5.7) AND PROOF OF MAILING

☐ an Adult or ☐ a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____

TOTAL CHARGE

Case No. _____

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____